

REMARKS OF

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SUBCOMMITTEE ON HEALTH AND THE ENVIRONMENT

BEFORE
THE NATIONAL COUNCIL OF COMMUNITY MENTAL HEALTH CENTERS NEWS

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Congress of the United States
House of Representatives
Subcommittee on Health and the Environment
of the
Committee on Interstate and Foreign Commerce
Washington, D.C. 20515

April 24, 1980

1) Your Subcommittee has just completed discussions on the issues contained in the Mental Health Systems Act. What progress do you think was made and where will your Subcommittee go from here?

Our preliminary discussions were, for the most part, an exploratory venture. The CMHC program was an unfamiliar one to many Members and is complicated by some historical anomalies and the special ties between local and federal agencies. By spending several days familiarizing the Subcommittee with the structure and language of CMHC's and with the federal monies involved, I believe we can better judge the additions and revisions proposed in the Systems Act. We have, in fact, developed a working draft which streamlines and strengthens some Systems proposals and emphasizes coordination of many existing mental health resources.

2) What preliminary decisions did your Subcommittee make in regards to the one service entities for priority population groups proposed by the Administration?

I have had some concern that the "priority populations" proposal could fragment mental health programs into many competing interests. CMHC's—where they exist—should provide services to all citizens within their area. The creation of special grants to aid unserved groups would insulate those centers who are negligent in fulfilling this obligation.

We propose, therefore, to limit the availability of these new grants to areas which are not served by a CMHC. Priority populations are to be defined under health systems plans or state health plans. We would also require that the entities who receive these grants not offer only a single service but rather provide outpatient and two other services. The entity must also plan to provide all six initial CMHC services during its fourth and fifth grant years. By limiting the grants in this fashion, we hope to avoid a patchwork variety of programs and encourage the development of new comprehensive centers.

3) You have received a proposal for an advocacy and bill of rights title devised by numerous mental health organizations. What position have you taken on this?

The Administration's bill did not include these sections and, as you know, the President's Commission did not recommend federal intervention in these areas. The Subcommittee thought it unwise to divert the limited federal monies from care to advocacy programs. I would encourage the states, which run the large institutions, to develop systems that would protect patients' rights, but I do not believe that to be an appropriate federal role, nor do I think the Systems Act an appropriate forum.

4) Do you believe that the states should play a role in the CMHC program and what should that role be?

If I were able to go back to Square One with the federal mental health programs, I would certainly include state as well as local governments as full partners, if not managers of the systems. But the CMHC program is seventeen years old now and there are careful checks and balances built into its structures. If we were suddenly to reverse ourselves and simply hand the centers over to states, we would disrupt planning, destroy working relationships, and lose much of what we have gained.

At the same time, the Subcommittee does recognize that participation by the states is necessary for real cooperation and coordination in efforts to help the chronically mentally ill, both inside and outside institutions. And particularly in this cost-conscious year in Congress, we must also remember that the CMHC Act was intended to create independent centers and not to build a new chain of eternally federal programs.

I favor a move toward state fiscal administration of grants and programs, but a gradual one. I have recommended that the Subcommittee follow a demonstration program for state management, essentially as outlined in the Systems Act.

5) Is there anything we can expect from your Subcommittee in regard to prevention?

The prevention programs that have been proposed to us have often been poorly defined and obscure. I certainly approve of programs which can aid people to avoid acute illness and to remain healthy. Such programs are the most cost-effective, and they make the best economic sense. But the threshold question of economic sensibility at this point is, "Where will this money go?" The answers I have received to this question have been hazy at best.

But I'm sure there are valuable contributions to be made in mental health prevention, and I would hope that the Subcommittee would create a grants program for demonstration projects in the area so that the CMHC community can test a few possibilities and report back to us with their successes.

6) By the attendance at some of your preliminary mark-up sessions, it appears that many Subcommittee members aren't interested in new mental health legislation. What can the members of our organization do to ensure passage of the Mental Health Systems Act this year?

I really encourage your members to contact their Representatives and emphasize what the loss of a CMHC in their district would mean. These next mark-up sessions are going to be difficult without your grassroots support.